

<b>SACRAMENTO COUNTY DHHS</b>  Telephone Number: (916) 875-		<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO</b> STREET ADDRESS: 3341 Power Inn Road MAILING ADDRESS: CITY AND ZIP CODE: Sacramento, California 95826 BRANCH NAME: Sacramento County Juvenile Court		
CHILD'S NAME:		
<b>NOTICE TO COURT OF DUE DILIGENCE OF MAILING (WIC 291)</b>  Date of Hearing:                      Dept:                      Judicial Officer:		Case Number:

Pursuant to the Welfare and Institutions Code (WIC) section 291, the clerk of the court shall cause notice of hearing to be served upon the following. DHHS confirms the person(s) listed below has an interest in this matter.

Name	Relationship to Child	Address	Address Verification

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Declarant